



Texas Children's Hospital®

International Visiting Scholars Program

International Visiting Scholars Program provides experiential learning to select international medical professionals during a period of four weeks.

Texas Children's Hospital – International Operations offers this program with the understanding that it is observation only. Scholars will be under the supervision of a licensed medical professional at all times. During the program, observers are welcome to attend department conferences.

Application Procedure

Applicants must meet all requirements to be considered. Submitted applications will be reviewed by committee. Completion of application does not guarantee placement.

Please submit application in PDF format via email at scholars@texaschildrens.org

You will receive an email notifying that your completed application has been received. Incomplete applications will not be considered.

Criteria

Applicants must be physicians, researchers and faculty members of an internationally approved medical school or research institution thoroughly investigated and recognized by the program director of the host department. Scholars participate in pertinent activities at Texas Children's Hospital and Baylor College of Medicine as observers only.

Requirements Prior to Acceptance

- a) Proof of professional standing as a physician, researcher or faculty member of an internationally approved medical school or research institution thoroughly investigated and recognized by the program director of the host department.
- b) Copy of curriculum vitae.
- c) Oral and written proficiency in English language to meet the criteria of the hosting department. Passing scores on the TOEFL test are strongly recommended.
- d) Proof of financial responsibility or support.
- e) Commitment to meet the health and safety requirements applicable to physicians, researchers or faculty.
- f) Proof of compliance with immunization requirements of Baylor College of Medicine (All documentation must be translated into English).
- g) Mandatory purchase of major medical insurance during time of observation for the duration of the stay (Proof of insurance also accepted).
- h) Non-refundable \$50.00 fee for all observations (Check or money order to be made payable to BCM-International Services Office).
- i) Observership limited to 30 days without exception.

Privileges

- a) Strictly observer status without direct patient contact in accordance with the rules and regulations set forth by the Texas State Board of Medical Examiners.
- b) As necessary, assistance in obtaining an entry visa through the International Services (indicate need for visa by immediately forwarding application to the International Services)
- c) Visitor identification badge to be issued upon clearance by the International Services.
- d) Proof of participation in International Visiting Scholars Program (No recommendation letters will be provided)



Biography

Personal Data

First Name

Middle Name

Last Name

Male

Female

Date of Birth
(mm/dd/yyyy)

City of Birth

Country of Birth

Current Address

Street

City/Province

Country

Zip Code

Home Phone

Alternate Phone

E-mail

Citizenship

Are you a U.S. citizen?

Yes

No

Are you already in the U.S. on a Visa?

Yes

No

If you are not in the U.S., do you have a Visa to enter?

Yes

No

Country of Citizenship

Country of Legal Permanent Residence



Education

Degrees Received

Degree Received	Field of Study	Date Received	Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Standardized Tests

Please enter your TOEFL Score

Other relevant tests and academic achievements

Work Experience

Place of Employment	Profession/Occupation	Employer Name	Start and End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Selection

How were you referred to Texas Children's Hospital?

What clinical service line or area would you like to observe?

Preferred dates

Goals and Objectives

Describe your short-term and long-term professional goals. How do you expect the International Visiting Scholars Program will contribute to your professional development?

Why are you interested in a learning experience at Texas Children's Hospital?

Required Documents

Please verify you have the following required documents completed before submitting your application. Please submit this application and all supporting documents via e-mail to scholars@texaschildrens.org

Form Name	Completed by	Complete/Attach
Recommendation Letter	Professor or Employer	<input type="checkbox"/>
Official Transcript	Medical School	<input type="checkbox"/>
Immunization Form	Physician	<input type="checkbox"/>
Resume	Applicant	<input type="checkbox"/>
Insurance Card (if applicable)	Applicant	<input type="checkbox"/>
Passport Identification/ Visa Stamp	Applicant	<input type="checkbox"/>

Sign and Submit

Authorization and Signature

I certify that the information submitted and mailed in the admission process is my own work and correct. I understand that my admission may be revoked should any information be false.

Signature

Date (mm/dd/yyyy)

Contact

Texas Children's Hospital
 International Operations
scholars@texaschildrens.org